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DEC	LARATION	FOR	Attorne	y Docket No.	MYKR1430		<u></u>
UTIL	ITY OR DE	SIGN	First Na	amed Invento	Craig Brod	ur, tal.	
PATE	NT APPLICA	ATION			COMPLETE	IF KNOWN	
(3	87 CFR 1.63	3)	Applica	tion Number	Unknown		
-			Filing C	Date	February 1	2, 2004	
Declaration Submittee with Initial Filing	ed Decla Initial	ration Submitted after Filing	Group .	Art Unit	Unknown		
			Examir	ner Name	Unknown	_	
As a below named in My residence, post offi I believe I am the origin below) of the subject m	ce address, and c hal, first and sole i hatter which is cla	itizenship are as sta nventor (if only one med and for which a	name is liste a patent is so	d below) or an ught on the ir	rvention entitled:		names are listed
	Syst	EM AND METHO		OW MONIT Invention)	ORING AND CON	ITROL	
the specification of whi	ch was filed on (N	(M/DD/YYYY)		12/04	1		
as United States Application Number	cation Number or	PCT International			]		
and was amended on (	MM/DD/YYYY) (ii	applicable)					<del></del>
I hereby state that I ha amendment specifically	ve reviewed and u v referred to abov	inderstand the conte e.	ents of the ab	ove identified	I specification, includi	ing the claims, as ar	mended by any
I acknowledge the dut defined in 37 CFR 1.5 prior application and th	6, including for co	ontinuation-in-part a	pplications, n	naterial inforn	nation which became	which is material to available between	o the patentability as the filing date of the
I hereby claim foreign of any PCT internation identified below, by ch filing date before that of	priority benefits un al application whe ecking the box, a	nder 35 U.S.C. 119( ich designated at le any foreign applicati	a)-(d) or 365( east one cou ion for patent	b) of any fore	eign application(s) for an the United States	of America, listed	below and have also
Prior Foreign Application Number(s)	Country	Fo	oreign Filing (MM/DD/YY		Priority Not Claimed	Certified Co YES	opy Attached? NO
A 1 111 1 f 1	I' 4'		nalamental a	riarity data at	and DTO/SB/02B attr	ached herete:	
I hereby claim the bene	efit under 35 U.S.	C. 119(e) of any Uni	ted States pr	ovisional app	neet PTO/SB/02B atta lication(s) listed below	w:	
Application Nu	ımber(s)	Filing Date (MM/I	DD/YYYY)	Addi		application number	s are listed on a
	DECL	ARATION	I Itility O		Patent Applic		
I hereby claim the ben United States of Ameri States or PCT Internation information which is muthe national or PCT international or PCT	efit under 35 U.S ca, listed below a ational application aterial to patental	.C. 120 of any Unit and, insofar as the s in the manner probility as defined in 3	ed States Ap ubject matter ovided by the 7 CFR 1.56 v	plication(s), of of each of the first paragr	or 365(c) of any PCT le claims of this appli raph of 35 U.S.C. 1	international applic cation is not disclos 12, I acknowledge	ed in the prior United the duty to disclose
U.S. Parent Appli			Parent Fili (MM/DD/	_	Pa	rent Patent Numbe	er
			(mmbb)		<del></del>	V. app.ioao.o/	. <u>.</u> .
Additional I.I.S. or P	CT international a	polication numbers	are listed on	a supplement	al priority data sheet	PTO/SB/02B attach	ned hereto.

As a named inventor, I hereby appoint the registered practitioner(s) assigned to Cust mer No. 25094 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole/First Inventor: Family Name or Surname Given Name (first and middle [if any]) **Brodeur** Craig Date Inventor's Signature Citizenship Country Residence: City State Residence Address Post Office Address Name of Additional Inventor: Given Name (first and middle [if any]) Family Name or Surname Laverdiere Marc Date Inventor's Signature Country Citizenship Residence: City State Residence Address Post Office Address Name of Additional Inventor: Given Name (first and middle [if any]) Family Name or Surname McLoughlin Robert Date Inventor's Signature Citizenship State Country Residence: City Residence Address Post Office Address Name of Additional Inventor: Family Name or Surname Given Name (first and middle [if any]) Karl Niermeyer -Date Inventor's Signature Citizenship State Country Residence: City Residence Address Post Office Address

Name of Additional Inventor:

Given Name (first and middle [if any])

JiehHwa

Inventor's
Signature

Residence: City

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Citizenship

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